



Constructing Deviance

As we noted in the General Introduction, the social constructionist perspective suggests that deviance should be regarded as lodged in a process of definition, rather than in some objective feature of an object, person, or act. It therefore guides us to look at the process by which a society constructs definitions of deviance and applies them to specific groups of people associated with these objects or acts. The dynamics of these deviance-defining processes may sometimes eclipse the factual grounding on which they rest in their significance for the rise of collective moral sentiments.

MORAL ENTREPRENEURS: CAMPAIGNING

The process of constructing and applying definitions of deviance can be understood as a moral enterprise. That is, it involves the constructions of moral meanings and the association of them with specific acts or conditions. The way people “make” deviance is similar to the way they manufacture anything else, but because deviance is an abstract concept rather than a tangible product, this process involves individuals drawing on the power and resources of organizations, institutions, agencies, symbols, ideas, communication, and audiences. Becker (1963) has suggested that we call the people involved in these activities **moral entrepreneurs**. The deviance-making enterprise has two facets: rule-creating (without which there would be no deviant behavior) and rule-enforcing (applying these rules to specific groups of people). We have two kinds of moral entrepreneurs: rule creators and rule enforcers. Rule creators would include such people as politicians, crusading public figures, teachers, parents, school administrators, and CEOs of business organizations. When we think

of rule enforcers we immediately imagine the police/courts/judges, but these can also be dormitory RAs, members of neighborhood associations, the Inter-Fraternity Council, and (here as well) parents.

Rule creating can be done by individuals acting either alone or in groups. Prominent individuals who have been influential in campaigning for definitions of deviance include former First Lady Nancy Reagan for her "Just Say No" and D.A.R.E. antidrug campaigns in the 1980s, actor Charlton Heston for his presidency of the National Rifle Association (NRA), John Walsh for founding the Missing and Exploited Children's Network and the television show, "America's Most Wanted," and filmmaker Michael Moore for his documentaries about General Motors (*Roger and Me*), the gun lobby (*Bowling for Columbine*), the oil industry/Bush administration (*Fahrenheit 9/11*), and the healthcare industry (*Sicko*). More commonly, however, individuals band together to use their collective energy and resources to change social definitions and to create norms and rules. Groups of moral entrepreneurs represent interest groups that can be galvanized and activated into pressure groups, such as Mothers Against Drunk Driving (MADD), the Group Against Smoking Pollution (GASP), the National Organization for the Reform of Marijuana Laws (NORML), and Focus on the Family (a right-wing, Christian pro-family group). Rule creators ensure that our society is supplied with a constant stock of deviance by defining the behavior of others as immoral. They do this because they perceive people as threats and feel fearful, distrustful, and suspicious of their behavior. In so doing, they seek to transform private troubles into public issues and their private morality into the normative order.

Moral entrepreneurs manufacture public morality through a multistage process. Their first goal is to generate broad awareness of a problem. They do this through a process of what Spector and Kitsuse (1977) called "claims-making." Claims-makers draw our attention to given issues by asserting "danger messages." Not only do they use these messages to create a sense that certain conditions are problematic and pose a present or future potential danger to society, but they usually have specific solutions that they recommend. Issues about which we have recently seen danger messages raised include secondhand smoke, drunk driving, hate crimes, college binge drinking, illegal immigrants (and their link to terrorists), outsourcing, guns in schools, junk food, politics in the classroom, and obesity. Because no rules exist to deal with the threatening condition, claims-makers construct the impression that these are necessary.

In so doing, they draw on the testimonials of various "experts" in the field, such as scholars, doctors, eyewitnesses, ex-participants (professional -ex's), and others with specific knowledge of the situation. Issues are framed in these testimonials and

disseminated to society via the media as "typical" to promote specific examples, orientations, causes, and solutions. We see the Surgeon General warning about the dangers of secondhand smoke, college administrators talking about student drinking and deaths, psychiatrists writing about the dangers of self-injury and eating disorders, sociologists discussing the spread of date and acquaintance rape, national conservative watchdogs such as David Horowitz monitoring liberal bias in the classroom, and ex-FLDS (Fundamentalist Latter Day Saints) members warning about the forced marriage (statutory rape) of young girls, the expulsion of teenage boys, and the isolation and subservience of whole communities to the point of brainwashing.

Several rhetorical techniques are used to package and present these facts in the most compelling way. Statistics may show the rise in incidence of a given behavior, or its correlation with other social problems. For example, suicide statistics may be contrasted with homicide statistics to draw attention to the importance of suicide, which occurs at a rate nearly 50 percent higher than homicide. Growth in the rates of obesity and its relation to diabetes, heart disease, stroke, and worker absenteeism may be documented. We may hear about the rising tide of illegal immigrants and their financial drain on our public schools and medical services. Free trade agreements may be tied to increasing rates of unemployment. Dramatic case examples can paint a picture of horror in the public's mind, inspiring fear and loathing. Particular cases are usually selected because they have no moral ambiguity and feature the dimension of the problem that is being highlighted.

Thus, for missing children we want to see stranger abductors rather than snatchings by noncustodial parents, while for AIDS we want to see innocent children who are sick rather than gay men. New syndromes can be advanced, packaging different issues together into a behavioral pattern portrayed as dangerous, such as "Internet-addiction disorder" (caution: people are abandoning their homes and families to spend all their time and money in chat rooms), "centerfold syndrome" (caution: men who read pornography objectify, commodify, and victimize women, seek unattainable trophy figurines, and are unable to engage in meaningful relationships), "road rage disorder" (caution: traffic induces people to cut us off and give us the finger), "compulsive hoarding" (caution: practitioners have excessive clutter, difficulty categorizing, organizing, making decisions about, and throwing away possessions, and fears about needing items that could be thrown away), "chronic procrastination" (caution: you may be an "arousal procrastinator," where you put things off for the last-minute rush, or an "avoider" and put off dealing with things out of fear of failure or success), and ADHD (caution: you could have this medical problem if you daydream or are slow to complete tasks, fidget, have poor concentration, or are distractible,

hyperactive, impulsive, and/or reckless). Finally, rhetoric requires that each side seek the (usually competing) "moral high ground" in their assertions and attacks on each other, disavowing special interests and pursuing only the purest public good. For example, people who are opposed to gay marriage are upholding the Bible, decency, and the sanctity of marriage, while people who support it are upholding individual civil liberties and fighting unjust discrimination.

Second, rule creators must bring about a moral conversion, convincing others of their views. With the problem outlined, they have to convert neutral parties and previous opponents into supporting partisans. Their successful conversion of others further legitimates their own beliefs. To effect a moral conversion, rule creators must compete for space in the public arena, often a limited resource. Hilgartner and Bosk (1988) have suggested that only so many issues can claim widespread attention, and they do so at the expense of others. As Durkheim noted for deviance, only a limited number of public concerns can be supported in society at any given time. Moral entrepreneurs must draw on elements of drama, novelty, politics, and deep mythic themes of the culture to gain the visibility they need. To gain visibility, moral entrepreneurs must attract the media attention necessary to spread word of their campaign widely. They may orchestrate this through hunger strikes (students protesting the manufacturing of university-labeled clothing in Third World "sweat shops"), demonstrations (antiwar, pro-immigration), civil disobedience (such as environmentalists tying themselves to trees to prevent deforestation or blocking highways to prevent nuclear waste from being stored in their state), marches (the Gay Pride and Civil Rights movements), and strikes and picketing (against de-unionization).

They must also enlist the support of sponsors, opinion leaders who need not have expert knowledge on any particular subject, but are liked and respected, to provide them with public endorsements. Moral entrepreneurial campaigners often turn to athletes, actors, musicians, religious leaders, and media personalities for such endorsements. Former Democratic Presidential candidate Al Gore is notable for his campaign highlighting the growth of global warming (*An Inconvenient Truth*), actor Tom Cruise has actively promoted the dangers of antidepressants, and actor Michael J. Fox campaigned for Democratic candidates to endorse stem cell research.

Finally, they look to different groups in society to form alliances or coalitions to support their campaigns. Alliances are made up of long-term allies, such as the Christian Coalition, Focus on the Family, conservative Republican politicians, and big business. Coalitions, on the other hand, represent groups that do not normally lobby together, but are bonded by their mutual interests in a single issue, such as we see in the strange union when family groups,

conservative Republicans, religious leaders, and, ironically, radical feminists come together to campaign against pornography.

At times, the efforts of moral entrepreneurs are so successful that they create a "**moral panic**." The term moral panic was coined by Jock Young, but popularized in the field of deviance by Stanley Cohen's (1972) book on the Mods and the Rockers, making it a widespread and enduring concept. Moral panics arise when a threat to society is depicted, promoting terror and dread with its powerfully persuasive focus on folk devils. Conditions of unsettling social strain make a community ripe for a moral panic to erupt. When it does, expert "claims-makers" (Spector and Kitsuse 1977), or issue entrepreneurs, articulate the scope and specific danger of the problem, identifying social conditions that members of a group perceived to be offensive and undesirable. To make a claim it is necessary to engage in a variety of specific activities: naming the problem, distinguishing it from other similar or more encompassing problems, determining the scientific, technical, moral or legal basis of the claim, and gauging who is responsible for taking ameliorative action. The level of moral anxiety becomes stoked by concerned individuals promoting the problem, legislators who react and heighten the alarm, and sensationalist news media that whip the public into a "feeding frenzy" through highly emotional claims and fear-based appeals. Folk devils become treated as threats to dominant social interests and values. Moral panics, most recently witnessed in cases of school shootings, priesthood pedophilia, child kidnapping, drinking and rioting on college campuses, Internet predators, obesity, Satanic exploitation of children, gangs, drugs, and domestic terrorists, tend to develop a life of their own, irrationally moving in exaggerated propulsion beyond their original impetus. Significant contests may emerge between claims-makers arguing for the stigmatization of various folk devils and those who attempt to reject or even reverse the stigmatization onto the original accusers or some other parties. These stigma contests, central to moral panic theory, tend to play out in the political domain. Their goal is to achieve the dominance of specific moral perceptions and values. Launching a moral panic in a complex and diverse society, where public attention is being sought by many different claims-makers and issues, is difficult, and not all would-be moral panics materialize. Moral panics, at their core, are thus power struggles between various groups in society about which of them can dominate and impose their world views and values on others as legitimate and true.

Erich Goode and Nachman Ben-Yehuda (1994) articulated a stage-by-stage analysis of moral panics. To be successful, they argued, moral panics usually have to occur during a ripe historical *time*, when a combination of social, ecological,

ideological, professional, and/or political forces have contributed to some growing cultural anxiety. They are then *triggered* by a specific incident that precipitates awareness of what is going on, and *targets* the public's attention toward a specific folk devil. Folk devils can take the form of specific individuals, groups, or even behavioral trends. The *content* of the moral panic is explored, investigated in detail, repeated innumerable, and possibly blown out of proportion. Awareness of the danger and the ripples of the moral panic may be spread through the mass media, grassroots word-of-mouth communication, Internet warnings, public presentations, government hearings, and the testimony of experts (claims-makers, or what Tuggle and Holmes refer to in chapter 16 as the "knowledge class" and what Reinerman in chapter 15 refers to as "professional interest groups"). But all moral panics fade or *decline* eventually, since they represent inflated fears and cannot be sustained indefinitely. They may founder of their own accord because the problem has been addressed and solved, because the danger has been found to be overexaggerated and the claims-makers grow silent, or because they are replaced by new panics that steal the public's attention. They usually leave in their wake some residual effect, often taking the form of new institutional arrangements or bureaucratic structures. For example, flying in America will never be the same as it was prior to 9/11. The Jenkins article on Internet pornography in chapter 17 offers some additional suggestions about the types of factors that foster or impair the likelihood that a social concern will become elevated to the level of a moral panic.

Once the public viewpoint has been swayed and a majority (or a vocal and powerful enough minority) of people have adopted a social definition, it may remain at the level of a norm or become elevated to the status of law through a legislative effort. For example, although obesity has been defined as disgusting and unhealthy it is not illegal, while antismoking campaigns have been successful in legally banning cigarette use in most public places.

After norms or rules have been enacted, rule enforcers ensure that they are applied. In our society, this process often tends to be selective. Various individuals or groups have greater or lesser power to resist the enforcement of rules against them due to their socioeconomic, racial, religious, gender, political, or other status. Whole battles may begin anew over individuals' or groups' strength to apply or resist the enforcement of norms and laws, with this arena becoming once again a moral entrepreneurial combat zone. President George W. Bush's efforts, after the invasion of Iraq went sour; to rebuff the investigatory efforts of the Democratic Party into charges of manipulated intelligence over his claims about WMDs (weapons of mass destruction) illustrates core issues of social power.

DIFFERENTIAL SOCIAL POWER: LABELING

Specific behavioral acts are not the only things that can be constructed as deviant; this definition can also be applied to a social status, demographic characteristic, or lifestyle. When entire groups of people become relegated to a deviant status through their condition (especially if it is ascribed through birth rather than voluntarily achieved), we see the force of inequality and differential social power in operation. This dynamic has been discussed earlier in reference to both conflict theory and social constructionism, as we noted that those who control the resources in society (politics, social status, gender, wealth, religious beliefs, mobilization of the masses) have the ability to dominate, both materially and ideologically, over the subordinate groups. Thus, certain kinds of laws and enforcement are a product of political action by moral entrepreneurial interest groups that are connected to society's power base. Dominant groups use their strength and position to label and to subjugate the weak.

A range of different factors give certain groups greater social power in society to construct definitions of deviance and to apply those labels onto others. Money is one of the clearest elements, with its potential influence being felt at least two ways. Big businesses can use it to make campaign contributions and sway political candidates, to fund research favorable to their products (studies paid for by the soft drink industry were recently found eight times more likely to find no harmful health influences of drinking soda than those otherwise funded), to lobby against unfavorable legislation, and to fight restrictive lawsuits. Money also defines individuals' social class, and while rich people do not have as much cash available to do what businesses can afford, it is much harder to define the practices of the middle and upper classes as deviant than those of the lower, working, and under classes. Second, race and ethnicity influence social power, so that the behaviors of the dominant white population are less likely to be defined and enforced than those of Hispanics and blacks. Gender is a third element of social power, with men dominating over women politically, economically, historically, religiously, occupationally, culturally, and, hence, interpersonally.

Fourth, people's age affects their relative power in society, with young people (up to the age of 30) and older people (65 and older) holding less respect, influence, attention, and command than their middle-aged counterparts. Fifth, greater numbers and organization can empower groups, as positions backed by larger populations often hold sway over smaller ones. Yet at the same time, well-organized groups, even if they are in the minority, may dominate over bigger, unorganized masses. We acknowledge education as a sixth element of social power since, as the chapters in this section argue, well-educated professionals

have the ability to speak as experts, to organize moral entrepreneurial campaigns, to advocate for their positions, and to argue from a legitimate base of knowledge. Finally, social status (apart from social class) generates power through the prestige, tradition, and respectability associated with various positions in society. For example, religious people have greater social status in contemporary society than atheists, heterosexual people command greater legitimacy than homosexuals, and married individuals hold greater sway, as a group, than single ones. There are, of course, many more elements of social power that could be articulated as having an influence over labeling individuals, groups, and their characteristics as deviant, but these, to us, represent the key ones.

In a society characterized by striving for social influence, status, and power, one way to attain this is to pass and enforce rules that define others' behavior as deviant. Thus, the deviant labeling of attitudes, behaviors, and conditions such as minority ethnic or racial status, female gender, lower social class, youthful age, homosexual orientation, and a criminal record (as some of the following readings show), if taken in this light, can be seen to reflect the application of differential social power in our society. Individuals in these groups may find themselves discriminated against or blocked from the mainstream of society by virtue of this basic feature of their existence, unrelated to any particular situation or act. This application of the deviant label emphatically illustrates the role of power in the deviance-defining enterprise, as those positioned closer to the center of society, holding the greater social, economic, political, and moral resources, can turn the force of the deviant stigma onto others less fortunately placed. In so doing, they use the definition of deviance to reinforce their own favored position. This politicization of deviance and the power associated with its use serve to remind us that deviance is not a category inhabited only by those on the marginal outskirts of society: the exotics, erotics, and neurotics. Instead, any group can be pushed into this category by the exercise of another group's greater power.

DIFFERENTIAL SOCIAL POWER:

RESISTING LABELING

On the other side of the coin, powerful groups may be successful in working to resist the application of definitions of deviance to them. Like better looking people, they are granted a "halo effect" that leads others to think highly of them. Higher-status groups in society are less likely to be perceived as deviant whether they actively work to fight the label or not.

In some cases they undertake proactive collective identity protection as a group. Many organizations such as gun owners, pharmaceutical companies, and the manufacturers of cigarettes or alcoholic beverages work to build and sustain a positive social image. They may hire claims-makers, lobbyists, contribute to politicians' campaigns, or fund research showing that they are upstanding individuals and organizations. As mentioned above, one comparative study recently showed that research funded by the soft drink industry was eight times as likely to find no negative correlation between consuming soft drinks and poor health as those otherwise financed.

But even when they do not become specifically involved in protecting their images, members of more powerful and respected groups in society are less likely to become tainted by deviant labels. Part of the reason for this is that people hold preconceived biases in their favor, and assume that they are responsible and pro-social, whether they are or are not. People also make perceptual biases toward them based on their appearances, occupations, behavior, and/or associations, forming instantaneous judgments about them that are positive. Members of such protected groups are often unaware of their privileged status in society and do not realize the discrimination routinely encountered by underprivileged populations.

This differential social power may be applied either directly or comparatively, as when society judges the behavior of one group against another, or when individuals or a group are judged on their own. Together, these groups of people continue to receive treatment from society as either deviant or non-deviant that reinforces social inequality and the status quo.

The Social Construction of Drug Scares

CRAIG REINARMAN

In this overview of America's social policies, Reinarman tackles moral and legal attitudes toward illicit drugs. He briefly offers a history of drug scares, the major players engineering them, and the social contexts that have enhanced their development and growth. He then outlines seven factors common to drug scares. These enable him to dissect the essential processes in the rule creation and enforcement phases of drug scares, despite the contradictory cultural values of temperance and hedonistic consumption. From this selection, we can see how drugs have been scapegoated to account for a wide array of social problems and used to keep some groups down by defining their actions as deviant. It is clear that despite our society's views on the negative features associated with all illicit drugs, our moral entrepreneurial and enforcement efforts have been concentrated more stringently against the drugs used by members of the powerless underclass and minority racial groups.

What kind of analysis do you think Reinarman is offering us here of the root causes of drug scares: structural, cultural, or interactionist (or some combination)?

Drug "wars," anti-drug crusades, and other periods of marked public concern about drugs are never merely reactions to the various troubles people can have with drugs. These drug scares are recurring cultural and political phenomena in their own right and must, therefore, be understood sociologically on their own terms. It is important to understand why people ingest drugs and why some of them develop problems that have something to do with having ingested them. But the premise of this chapter is that it is equally important to understand patterns of acute societal concern about drug use and drug problems. This seems especially so for U.S. society, which has had *recurring* anti-drug crusades and a *history* of repressive anti-drug laws.

Many well-intentioned drug policy reform efforts in the U.S. have come face to face with staid and stubborn sentiments against consciousness-altering substances. The repeated failures of such reform efforts cannot be explained solely in terms of ill-informed or manipulative leaders. Something deeper is

involved, something woven into the very fabric of American culture, something which explains why claims that some drug is the cause of much of what is wrong with the world are *believed* so often by so many. The origins and nature of the *appeal* of anti-drug claims must be confronted if we are ever to understand how "drug problems" are constructed in the U.S. such that more enlightened and effective drug policies have been so difficult to achieve.

In this chapter I take a step in this direction. First, I summarize briefly some of the major periods of anti-drug sentiment in the U.S. Second, I draw from them the basic ingredients of which drug scares and drug laws are made. Third, I offer a beginning interpretation of these scares and laws based on those broad features of American culture that make *self-control* continuously problematic.

DRUG SCARES AND DRUG LAWS

What I have called drug scares (Reinarman and Levine, 1989a) have been a recurring feature of U.S. society for 200 years. They are relatively autonomous from whatever drug-related problems exist or are said to exist.¹ I call them "scares" because, like Red Scares, they are a form of moral panic ideologically constructed so as to construe one or another chemical bogeyman, à la "communists," as the core cause of a wide array of preexisting public problems.

The first and most significant drug scare was over drink. Temperance movement leaders constructed this scare beginning in the late 18th and early 19th century. It reached its formal end with the passage of Prohibition in 1919.² As Gusfield showed in his classic book *Symbolic Crusade* (1963), there was far more to the battle against booze than long-standing drinking problems. Temperance crusaders tended to be native born, middle-class, non-urban Protestants who felt threatened by the working-class, Catholic immigrants who were filling up America's cities during industrialization.³ The latter were what Gusfield termed "unrepentant deviants" in that they continued their long-standing drinking practices despite middle-class W.A.S.P. norms against them. The battle over booze was the terrain on which was fought a cornucopia of cultural conflicts, particularly over whose morality would be the dominant morality in America.

In the course of this century-long struggle, the often wild claims of Temperance leaders appealed to millions of middle-class people seeking explanations for the pressing social and economic problems of industrializing America. Many corporate supporters of Prohibition threw their financial and ideological weight behind the Anti-Saloon League and other Temperance and Prohibitionist groups because they felt that traditional working-class drinking practices interfered with the new rhythms of the factory, and thus with productivity and profits (Rumbarger, 1989). To the Temperance crusaders' fear of the bar room as a breeding ground of all sorts of tragic immorality, Prohibitionists added the idea of the saloon as an alien, subversive place where unionists organized and where leftists and anarchists found recruits (Levine, 1984).

This convergence of claims and interests rendered alcohol a scapegoat for most of the nation's poverty, crime, moral degeneracy, "broken" families, illegitimacy, unemployment, and personal and business failure—problems whose sources lay in broader economic and political forces. This scare climaxed in the first two decades of this century, a tumultuous period rife with class, racial, cultural, and political conflict brought on by the wrenching changes of industrialization, immigration, and urbanization (Levine, 1984; Levine and Reinerman, 1991).

America's first real drug law was San Francisco's anti-opium den ordinance of 1875. The context of the campaign for this law shared many features with the context of the Temperance movement. Opiates had long been widely and legally available without a prescription in hundreds of medicines (Brecher, 1972; Musto, 1973; Courtwright, 1982; cf. Baumohl, 1992), so neither opiate use nor addiction was really the issue. This campaign focused almost exclusively on what was called the "Mongolian vice" of opium *smoking* by Chinese immigrants (and white "fellow travelers") in dens (Baumohl, 1992). Chinese immigrants came to California as "coolie" labor to build the railroad and dig the gold mines. A small minority of them brought along the practice of smoking opium—a practice originally brought to China by British and American traders in the 19th century. When the railroad was completed and the gold dried up, a decade-long depression ensued. In a tight labor market, Chinese immigrants were a target. The white Workingman's Party fomented racial hatred of the low-wage "coolies" with whom they now had to compete for work. The first law against opium smoking was only one of many laws enacted to harass and control Chinese workers (Morgan, 1978).

By calling attention to this broader political-economic context I do not wish to slight the specifics of the local political-economic context. In addition to the Workingman's Party, downtown businessmen formed merchant associations and urban families formed improvement associations, both of which fought for more than two decades to reduce the impact of San Francisco's vice districts on the order and health of the central business district and on family neighborhoods (Baumohl, 1992).

In this sense, the anti-opium den ordinance was not the clear and direct result of a sudden drug scare alone. The law was passed against a specific form of drug use engaged in by a disreputable group that had come to be seen as threatening in lean economic times. But it passed easily because this new threat was understood against the broader historical backdrop of long-standing local concerns about various vices as threats to public health, public morals, and public order. Moreover, the focus of attention were dens where it was suspected that whites came into intimate contact with "filthy, idolatrous" Chinese (see Baumohl, 1992). Some local law enforcement leaders, for example, complained that Chinese men were using this vice to seduce white women into sexual slavery (Morgan, 1978). Whatever the hazards of opium smoking, its initial criminalization in San Francisco had to do with both a general context of recession, class conflict, and racism, and with specific local interests in the control of vice and the prevention of miscegenation.

A nationwide scare focusing on opiates and cocaine began in the early 20th century. These drugs had been widely used for years, but were first criminalized when the addict population began to shift from predominantly white, middle-class, middle-aged women to young, working-class males, African Americans in particular. This scare led to the Harrison Narcotics Act of 1914, the first federal anti-drug law (see Duster, 1970).

Many different moral entrepreneurs guided its passage over a six-year campaign: State Department diplomats seeking a drug treaty as a means of expanding trade with China, trade which they felt was crucial for pulling the economy out of recession; the medical and pharmaceutical professions whose interests were threatened by self-medication with unregulated proprietary tonics, many of which contained cocaine or opiates; reformers seeking to control what they saw as the deviance of immigrants and Southern Blacks who were migrating off the farms; and a pliant press which routinely linked drug use with prostitutes, criminals, transient workers (e.g., the Wobblies), and African Americans (Musto, 1973). In order to gain the support of Southern Congressmen for a new federal law that might infringe on "states' rights," State Department officials and other crusaders repeatedly spread unsubstantiated suspicions, repeated in the press, that, e.g., cocaine induced African-American men to rape white women (Musto, 1973: 6–10, 67). In short, there was more to this drug scare, too, than mere drug problems.

In the Great Depression, Harry Anslinger of the Federal Narcotics Bureau pushed Congress for a federal law against marijuana. He claimed it was a "killer weed" and he spread stories to the press suggesting that it induced violence—especially among Mexican Americans. Although there was no evidence that marijuana was widely used, much less that it had any untoward effects, his crusade resulted in its criminalization in 1937—and not incidentally a turnaround in his Bureau's fiscal fortunes (Dickson, 1968). In this case, a new drug law was put in place by a militant moral-bureaucratic entrepreneur who played on racial fears and manipulated a press willing to repeat even his most absurd claims in a context of class conflict during the Depression (Becker, 1963). While there was not a marked scare at the time, Anslinger's claims were never contested in Congress because they played upon racial fears and widely held Victorian values against taking drugs solely for pleasure.

In the drug scare of the 1960s, political and moral leaders somehow reconceptualized this same "killer weed" as the "drop out drug" that was leading America's youth to rebellion and ruin (Himmelfstein, 1983). Bio-medical scientists also published uncontrolled, retrospective studies of very small numbers of cases suggesting that, in addition to poisoning the minds and morals of youth, LSD produced broken chromosomes and thus genetic damage (Cohen et al., 1967). These studies were soon shown to be seriously misleading if not meaningless (Tijo et al., 1969), but not before the press, politicians, the medical profession, and the National Institute of Mental Health used them to promote a scare (Weil, 1972: 44–46). I suggest that the reason even supposedly hard-headed scientists were drawn into such propaganda was that dominant groups felt the country was at

war—and not merely with Vietnam. In this scare, there was not so much a “dangerous class” or threatening racial group as multi-faceted political and cultural conflict, particularly between generations, which gave rise to the perception that middle-class youth who rejected conventional values were a dangerous threat.⁴ This scare resulted in the Comprehensive Drug Abuse Control Act of 1970, which criminalized more forms of drug use and subjected users to harsher penalties.

Most recently we have seen the crack scare, which began in earnest *not* when the prevalence of cocaine use quadrupled in the late 1970s, nor even when thousands of users began to smoke it in the more potent and dangerous form of free-base. Indeed, when this scare was launched, crack was unknown outside of a few neighborhoods in a handful of major cities (Reinarnian and Levine, 1989a) and the prevalence of illicit drug use had been dropping for several years (National Institute on Drug Use, 1990). Rather, this most recent scare began in 1986 when freebase cocaine was renamed crack (or “rock”) and sold in precooked, inexpensive units on ghetto street corners (Reinarnian and Levine, 1989b). Once politicians and the media linked this new form of cocaine use to the inner-city, minority poor, a new drug scare was underway and the solution became more prison cells rather than more treatment slots.

The same sorts of wild claims and Draconian policy proposals of Temperance and Prohibition leaders resurfaced in the crack scare. Politicians have so outdone each other in getting “tough on drugs” that each year since crack came on the scene in 1986 they have passed more repressive laws providing billions more for law enforcement, longer sentences, and more drug offenses punishable by death. One result is that the U.S. now has more people in prison than any industrialized nation in the world—about half of them for drug offenses, the majority of whom are racial minorities.

In each of these periods more repressive drug laws were passed on the grounds that they would reduce drug use and drug problems. I have found no evidence that any scare actually accomplished those ends, but they did greatly expand the quantity and quality of social control, particularly over subordinate groups perceived as dangerous or threatening. Reading across these historical episodes one can abstract a recipe for drug scares and repressive drug laws that contains the following *seven ingredients*:

1. **A Kernel of Truth** Humans have ingested fermented beverages at least since human civilization moved from hunting and gathering to primitive agriculture thousands of years ago. The pharmacopoeia has expanded exponentially since then. So, in virtually all cultures and historical epochs, there has been sufficient ingestion of consciousness-altering chemicals to provide some basis for some people to claim that it is a problem.
2. **Media Magnification** In each of the episodes I have summarized and many others, the mass media has engaged in what I call the *routinization of caricature*—rhetorically recrafting worst cases into typical cases and the episodic into the epidemic. The media dramatize drug problems, as they do other problems, in the course of their routine news-generating and

sales-promoting procedures (see Brecher, 1972: 321–34; Reinerman and Duskin, 1992; and Molotch and Lester, 1974).

3. **Politico-Moral Entrepreneurs** I have added the prefix “politico” to Becker’s (1963) seminal concept of moral entrepreneur in order to emphasize the fact that the most prominent and powerful moral entrepreneurs in drug scares are often political elites. Otherwise, I employ the term just as he intended: to denote the *enterprise*, the work, of those who create (or enforce) a rule against what they see as a social evil.⁵

In the history of drug problems in the U.S., these entrepreneurs call attention to drug using behavior and define it as a threat about which “something must be done.” They also serve as the media’s primary source of sound bites on the dangers of this or that drug. In all the scares I have noted, these entrepreneurs had interests of their own (often financial) which had little to do with drugs. Political elites typically find drugs a functional demon in that (like “outside agitators”) drugs allow them to deflect attention from other, more systemic sources of public problems for which they would otherwise have to take some responsibility. Unlike almost every other political issue, however, to be “tough on drugs” in American political culture allows a leader to take a firm stand without risking votes or campaign contributions.

4. **Professional Interest Groups** In each drug scare and during the passage of each drug law, various professional interests contended over what Gusfield (1981: 10–15) calls the “ownership” of drug problems—“the ability to create and influence the public definition of a problem” (1981: 10), and thus to define what should be done about it. These groups have included industrialists, churches, the American Medical Association, the American Pharmaceutical Association, various law enforcement agencies, scientists, and most recently the treatment industry and groups of those former addicts converted to disease ideology.⁶ These groups claim for themselves, by virtue of their specialized forms of knowledge, the legitimacy and authority to name what is wrong and to prescribe the solution, usually garnering resources as a result.
5. **Historical Context of Conflict** This trinity of the media, moral entrepreneurs, and professional interests typically interact in such a way as to inflate the extant “kernel of truth” about drug use. But this interaction does not by itself give rise to drug scares or drug laws without underlying conflicts which make drugs into functional villains. Although Temperance crusaders persuaded millions to pledge abstinence, they campaigned for years without achieving alcohol control laws. However, in the tumultuous period leading up to Prohibition, there were revolutions in Russia and Mexico, World War I, massive immigration and impoverishment, and socialist, anarchist, and labor movements, to say nothing of increases in routine problems such as crime. I submit that all this conflict made for a level of cultural anxiety that provided fertile ideological soil for Prohibition. In each of the other scares, similar conflicts—economic, political, cultural, class, racial, or a

combination—provided a context in which claims makers could viably construe certain classes of drug users as a threat.

6. **Linking a Form of Drug Use to a “Dangerous Class”** Drug scares are never about drugs *per se*, because drugs are inanimate objects without social consequence until they are ingested by humans. Rather, drug scares are about the use of a drug by particular groups of people who are, typically, *already* perceived by powerful groups as some kind of threat (see Duster, 1970; Himmelstein, 1978). It was not so much alcohol problems *per se* that most animated the drive for Prohibition but the behavior and morality of what dominant groups saw as the “dangerous class” of urban, immigrant, Catholic, working-class drinkers (Gusfield, 1963; Rumbarger, 1989). It was *Chinese* opium smoking dens, not the more widespread use of other opiates, that prompted California’s first drug law in the 1870s. It was only when smokable cocaine found its way to the African-American and Latino underclass that it made headlines and prompted calls for a drug war. In each case, politico-moral entrepreneurs were able to construct a “drug problem” by linking a substance to a group of users perceived by the powerful as disreputable, dangerous, or otherwise threatening.
7. **Scapegoating a Drug for a Wide Array of Public Problems** The final ingredient is scapegoating, i.e., blaming a drug or its alleged effects on a group of its users for a variety of preexisting social ills that are typically only indirectly associated with it. Scapegoating may be the most crucial element because it gives great explanatory power and thus broader resonance to claims about the horrors of drugs (particularly in the conflictual historical contexts in which drug scares tend to occur).

Scapegoating was abundant in each of the cases noted previously. To listen to Temperance crusaders, for example, one might have believed that without alcohol use, America would be a land of infinite economic progress with no poverty, crime, mental illness, or even sex outside marriage. To listen to leaders of organized medicine and the government in the 1960s, one might have surmised that without marijuana and LSD there would have been neither conflict between youth and their parents nor opposition to the Vietnam War. And to believe politicians and the media in the past six years is to believe that without the scourge of crack the inner cities and the so-called underclass would, if not disappear, at least be far less scarred by poverty, violence, and crime. There is no historical evidence supporting any of this.

In short, drugs are richly functional scapegoats. They provide elites with fig leaves to place over unsightly social ills that are endemic to the social system over which they preside. And they provide the public with a restricted aperture of attribution in which only a chemical bogeyman or the lone deviants who ingest it are seen as the cause of a cornucopia of complex problems.

TOWARD A CULTURALLY SPECIFIC THEORY OF DRUG SCARES

Various forms of drug use have been and are widespread in almost all societies comparable to ours. A few of them have experienced limited drug scares, usually around alcohol decades ago. However, drug scares have been *far* less common in other societies, and never as virulent as they have been in the U.S. (Brecher, 1972; Levine, 1992; MacAndrew and Edgerton, 1969). There has never been a time or place in human history without drunkenness, for example, but in *most* times and places drunkenness has not been nearly as problematic as it has been in the U.S. since the late 18th century. Moreover, in comparable industrial democracies, drug laws are generally less repressive. Why then do claims about the horrors of this or that consciousness-altering chemical have such unusual power in American culture?

Drug scares and other periods of acute public concern about drug use are not just discrete, unrelated episodes. There is a historical pattern in the U.S. that cannot be understood in terms of the moral values and perceptions of individual anti-drug crusaders alone. I have suggested that these crusaders have benefited in various ways from their crusades. For example, making claims about how a drug is damaging society can help elites increase the social control of groups perceived as threatening (Duster, 1970), establish one class's moral code as dominant (Gusfield, 1963), bolster a bureaucracy's sagging fiscal fortunes (Dickson, 1968), or mobilize voter support (Reinarman and Levine, 1989a, b). However, the recurring character of pharmaco-phobia in U.S. history suggests that there is something about our *culture* which makes citizens more vulnerable to anti-drug crusaders' attempts to demonize drugs. Thus, an answer to the question of America's unusual vulnerability to drug scares must address why the scapegoating of consciousness-altering substances regularly *resonates* with or appeals to substantial portions of the population.

There are three basic parts to my answer. The first is that claims about the evils of drugs are especially viable in American culture in part because they provide a welcome *vocabulary of attribution* (cf. Mills, 1940). Armed with "DRUGS" as a generic scapegoat, citizens gain the cognitive satisfaction of having a folk devil on which to blame a range of bizarre behaviors or other conditions they find troubling but difficult to explain in other terms. This much may be true of a number of other societies, but I hypothesize that this is particularly so in the U.S. because in our political culture individualistic explanations for problems are so much more common than social explanations.

Second, claims about the evils of drugs provide an especially serviceable vocabulary of attribution in the U.S. in part because our society developed from a *temperance culture* (Levine, 1992). American society was forged in the fires of ascetic Protestantism and industrial capitalism, both of which demand *self-control*. U.S. society has long been characterized as the land of the individual "self-made man." In such a land, self-control has had extraordinary importance. For the middle-class Protestants who settled, defined, and still dominate the U.S.,

self-control was both central to religious worldviews and a characterological necessity for economic survival and success in the capitalist market (Weber, 1930 [1985]). With Levine (1992), I hypothesize that in a culture in which self-control is inordinately important, drug-induced altered states of consciousness are especially likely to be experienced as "loss of control," and thus to be inordinately feared.⁷

Drunkenness and other forms of drug use have, of course, been present everywhere in the industrialized world. But temperance cultures tend to arise only when industrial capitalism unfolds upon a cultural terrain deeply imbued with the Protestant ethic.⁸ This means that only the U.S., England, Canada, and parts of Scandinavia have Temperance cultures, the U.S. being the most extreme case.

It may be objected that the influence of such a Temperance culture was strongest in the 19th and early 20th century and that its grip on the American *Zeitgeist* has been loosened by the forces of modernity and now, many say, post-modernity. The third part of my answer, however, is that on the foundation of a Temperance culture, advanced capitalism has built a *postmodern, mass consumption culture* that exacerbates the problem of self-control in new ways.

Early in the 20th century, Henry Ford pioneered the idea that by raising wages he could simultaneously quell worker protests and increase market demand for mass-produced goods. This mass consumption strategy became central to modern American society and one of the reasons for our economic success (Marcuse, 1964; Aronowitz, 1973; Ewen, 1976; Bell, 1978). Our economy is now so fundamentally predicated upon mass consumption that theorists as diverse as Daniel Bell and Herbert Marcuse have observed that we live in a mass consumption culture. Bell (1978), for example, notes that while the Protestant work ethic and deferred gratification may still hold sway in the workplace, Madison Avenue, the media, and malls have inculcated a new indulgence ethic in the leisure sphere in which pleasure seeking and immediate gratification reign.

Thus, our economy and society have come to depend upon the constant cultivation of new "needs," the production of new desires. Not only the hardware of social life such as food, clothing, and shelter but also the software of the self—excitement, entertainment, even eroticism—have become mass consumption commodities. This means that our society offers an increasing number of incentives for indulgence—more ways to lose self-control—and a decreasing number of countervailing reasons for retaining it.

In short, drug scares continue to occur in American society in part because people must constantly manage the contradiction between a Temperance culture that insists on self-control and a mass consumption culture which renders self-control continuously problematic. In addition to helping explain the recurrence of drug scares, I think this contradiction helps account for why in the last dozen years millions of Americans have joined 12-Step groups, more than 100 of which have nothing whatsoever to do with ingesting a drug (Reinarman, 1995). "Addiction," or the generalized loss of self-control, has become the

Gender, Race, and Urban Policing

ROD K. BRUNSON AND JODY MILLER

Beyond moral entrepreneurial campaigns, a range of social factors affect the likelihood of different groups in society being defined as deviant and having definitions of deviance enforced against them. Brunson and Miller look at three demographic variables, race, sex, and age, to see the way groups of people are treated differently by agents of social control. If you've not lived in poor neighborhoods of color, you may not be aware of the routine ways police interact with and harass young men and women there. Drawing on conflict theory, we see here how deviant status is used by the police to subordinate less powerful groups.

How valid do you find the complaints of these young men and women? How do you think the way police officers treat them affects their communities? Their behavior? How does it affect men and women differently?

Law enforcement strategies in poor urban communities produce a range of harms to African American residents. These include disproportionate experiences with surveillance and stops, disrespectful treatment, excessive force, police deviance, and fewer police protections. Attempts to explain these patterns examine how young Black men come to symbolize the stereotypical offender and have drawn from minority group threat theories and social ecological models. However, few studies have considered how gender intersects with race and neighborhood context in determining how police behaviors are experienced. It is taken for granted that young minority *men* are the primary targets of negative police experiences.

Feminist scholars suggest that young Black women are far from immune from negative experiences with the justice system. Girls are more likely than boys to experience juvenile justice interventions for relatively minor offenses, and African American women and girls receive more punitive treatment than their white counterparts. Moreover, research suggests that Black women crime victims are less likely than white women to receive police assistance.

While feminist research has illuminated how formal aspects of the justice system adversely affect Black women and girls, we know less about their experiences with the police, including discretionary police activities in their neighborhoods. Officers' ability to use discretion is a low-visibility but defining feature of policing, and the process through which many racially biased practices emerge. In general, criminological investigations of minority citizens' experiences with the police have focused on adults rather than adolescents, and this work is based largely on survey research or official data on citizen complaints. Few studies have drawn from in-depth interviews, which allow a deeper understanding of the context of events and their meanings for the individuals involved.

We analyze in-depth interviews with African American youths in a poor urban community to investigate how gender shapes their interactions with and perceptions of the police. We compare young women's and young men's accounts of their personal experiences with the police, their understanding of neighborhood policing, and their knowledge of police misconduct in their communities. Our comparative analysis allows us to examine how gender intersects with race and place in shaping youths' expectations of law enforcement and the nature of police/youth interactions.

METHOD

This investigation is based on survey and in-depth interviews with 75 African American youths living in St. Louis, Missouri. The sample includes 35 young women and 40 young men. They range in age from 12 to 19, with a mean age of approximately 16 for both genders. Interviewing began in spring 1999 and was completed in the spring of 2000. Interviews were voluntary and typically lasted about one and a half hours. Youths were paid \$20 for their participation and promised strict confidentiality. Pseudonyms are used throughout for research participants and the streets they occasionally reference.

Youths were recruited into the project with the cooperation of several organizations working with "at-risk" and delinquent youths, including a local community agency and two alternative public high schools. Approximately equal numbers of young men and women were drawn from each location. The community agency was a neighborhood drop-in center for adolescents in north St. Louis. The second author volunteered at the center the summer prior to data collection. The two alternative schools served youths expelled from St. Louis public schools for a variety of infractions. The counselor at each school identified youths for study participation when they were known to reside in disadvantaged neighborhoods in the city. Interviews were conducted in a private office or empty classroom at each of the research sites.

We narrow our focus to urban Black adolescents because they are the group for whom involuntary police contacts are most frequent and salient. Sampling was purposive in nature. Our inclusion of young women and young men permits us to examine how gender shapes youths' experiences with and perceptions of the police. In addition, we sought to compare youths involved in serious

delinquency—whom we would reasonably expect to have more involuntary police contact—with those who were not.

In all, 16 of the 40 young men and 15 of the 35 young women reported participating in serious delinquency in the past six months. Serious delinquency included the following self-report items: stealing more than \$50, stealing a motor vehicle, attacking someone with a weapon or with the intent to seriously hurt them, committing a robbery, and selling marijuana, crack-cocaine, or other drugs. On the other hand, all of the youths reported having engaged in minor forms of delinquency, including skipping classes, being loud or rowdy in public, avoiding paying for things, stealing \$5 or less, lying about their age to get into someplace or buy something, or running away. Research suggests that girls are more likely than boys to face juvenile justice interventions for such minor offenses. Thus, our sample captured variations in delinquent involvement.

STUDY SETTING

St. Louis is a highly distressed U.S. city with large concentrations of extreme poverty that result in social isolation, limited resources, and high crime rates. Table 18.1 compares youths' neighborhoods, St. Louis city and county. Study participants were drawn from neighborhoods characterized by racial segregation and high rates of poverty, unemployment, and female-headed families.

Youths provided a stark account of how these statistics translate into lived experience. Asked to describe her neighborhood, Cleshay explained,

[It's terrible. Every man for theyself. Ghetto, in the sense of raggedy, people uncool to people, just outside, street light never come on, police don't come in after four o'clock.... Heavy drug dealing. They loud, they don't care about, you know, the old people in the neighborhood or nuttin'.

Likewise, Maurice explained,

[There's] a lot of gangs, lot of drugs, dirt. Dirty, like the streets are polluted. A lot of abandoned houses, lot of burned up houses. 'Cause of the drugs and the gangs I guess Vandalism. They get into a lot of fights.

TABLE 18.1 Select Neighborhood Characteristics (in Percentages)

	Youths' Neighborhoods	St. Louis City	St. Louis County
African American	82.6	51.2	18.9
Poverty	33.8	24.6	6.9
Unemployment	18.0	11.3	4.6
Female-Headed	43.1	28.8	10.7
Families with Children			

SOURCE: U.S. Census (2000; see <http://www.census.gov/>).

Bring property value down, you know, people don't take care of they houses. And you know, don't nobody really wanna live there.

Many youths said their neighborhoods were physically run-down, and most described drug dealing, street gangs, and associated violence as commonplace. Moreover, youths saw their own neighborhoods as typical of the surrounding community. Asked how her neighborhood compared to others nearby, Tisha surmised, "It's not different at all. They all do the same thing." Raymond noted, "In every neighborhood there's drug activity and gang activity." And Tami explained, "It's mostly every neighborhood got drug dealers in they neighborhood. Or people that be shootin' and stuff".

These descriptions are consistent with scholarly research, which demonstrates that poor African American neighborhoods tend to be ecologically clustered and lacking in institutional resources necessary to insulate them from crime. In fact, even when youths described their immediate blocks as relatively problem free (which they attributed to having primarily older adults or young children present), they nonetheless described gangs, drugs, and violence nearby.

These are precisely the ecological contexts associated with aggressive policing, police deviance, and underpolicing. Policing strategies in respondents' neighborhoods relied heavily on proactive encounters to address problems such as drugs and gangs. This involved frequent pedestrian and vehicle stops by patrol officers, detectives, and members of specialized units. To examine these issues further, we now turn to youths' narrative accounts of their experiences with the police, focusing on similarities and differences across gender.

THE EXPERIENCE OF AFRICAN-AMERICAN YOUTH

The survey reports offer evidence of the gendered nature of policing in urban Black neighborhoods. Table 18.2 shows that most youths knew someone who had been harassed by the police, including 37 young men and 33 young women.

TABLE 18.2 Perceptions of Neighborhood Policing

	Young Men (n = 40)	Young Women (n = 35)
Harassed or mistreated by the police	33	16
Knows someone who has been harassed or mistreated by the police	37	30
"The police are often easy to talk to"	5	5
"The police are almost never easy to talk to"	26	19
"The police are often polite to people in the neighborhood"	4	2
"The police often harass or mistreat people in the neighborhood"	19	18

However, young men more often reported being mistreated themselves. In all, 33 young men, versus 16 young women, described experiencing police harassment. In addition, young men reported harassment regardless of their participation in delinquency, while more of the young women we interviewed reported harassment when they were involved in delinquency. Specifically, 19 of the 24 young men who did not engage in serious delinquency nonetheless said they had been harassed by the police, compared to 6 of 20 young women. The majority of young men (14 of 16) and young women (10 of 15) who reported participation in serious delinquency also noted experiences with police harassment.

Youths' responses to survey items about how the police behave in their neighborhoods were consistent across gender. As Table 18.2 shows, similar numbers of young men and women described the police as impolite and difficult to talk to, and about half said the police often harass and mistreat people in their neighborhoods. In fact, only about one in five youths said this almost never occurs. These survey findings corroborate youths' in-depth interview accounts of their treatment by the police, the extent and nature of police harassment in their neighborhoods, and their beliefs about how gender shapes police/youth interactions.

Youths described frequent pedestrian and vehicle stops as the primary policing strategy in their neighborhoods. Their accounts of police harassment emphasized how the police behaved during such stops. Cherise explained, "I don't like police 'cause they mean. They don't know how to talk to people right, they disrespectful. They treat people like they ain't nothing, and especially Black people. They act like Black people are worthless." However, many youth suggested that severe police behaviors were typically reserved for young men. Destiny remarked, "It's little stuff they be sayin' to us [girls], but like with the dudes, they'll try to lock them up and try to take them to jail." Tommie noted,

The police will mess with the males quicker than the females. If it's a group of girls standing across the street and it's a group of dudes standing across the street, [the police] fina [getting ready to] shine they lights on the dudes and they ain't fina mess with the girls.

Tommie also suggested that the police were somewhat less aggressive when young men were stopped in the company of women: "You alright if you with your momma, your girlfriend, then that's a different story, [with] your kids or something.... They'll still bother you, but they won't look at you like that. [Their behavior] wouldn't be different [but] they'd hesitate." Wayne believed that the police posed one of the primary dangers for young men in his neighborhood: "I would say males are in more danger [than females]' cause you gotta deal with police. All police ain't good police. You ain't even gotta be doing nothing. If they think you doing something, they get out [of their cars. If] they can't catch you, next time they see you, they put something on you." Nonetheless, young women were not immune from negative encounters. Janelle clarified, "The police harass the guys a little bit more than the girls, but there's always certain females that they'll pick to harass." Next we examine these patterns in detail.

Young Men and the Police

Young men's discussions focused on their frequent involuntary contact with the police. They believed that the police besieged their neighborhoods because officers believed that many of the people living there, particularly young Black men, were criminals. Ricky described how hanging out on the street attracted police attention, regardless of whether anyone was involved in crime:

Two blocks up from me it's like a lil' heroin area. The police is *real* hot on this area now.... One day I was walkin' from over there and the police.... seen me standing out over there. I mean, they know I don't sell dope, they know I go to school every day.... Everybody don't got to be doing the same thing. This what I tried to explain to them: "Just 'cause I'm out here don't mean I sell dope, man. I mean, every time you check me [I'm clean]." I mean I don't even carry money no more.... How am I sellin' dope and I don't never have no money in my pocket? Check my shoes, make me take my socks off. Man it's cold outside. "Pull your pants down."... All types of stuff, man, and it's freezin' outside. Make you lay on the ground. To me, that's police brutality.

Such searches were also described as *physically intrusive*, with numerous complaints about the police "trying to put they hands all in your mouth."

Young men believed the police sought to *limit their use of public space* by designating neighborhood locations as crime hot spots. Shaun noted, "They a trip, we be sitting on the front [porch] or something, they'll pull up just 'cause we sitting there. Or we be chillin' in front of the store, [they] get out checking everybody." Terence observed,

On certain days, [police] might do a sweep through the neighborhood. They'll come in like, three or four cars deep, two paddy wagons, and they'll just roll down every block that they think mainly sellin' drugs or whatever. And anybody outside, if they think you got something, they gon' check you. Just everybody that happen to be on the block. If you look like you got something or look like you fina do something—so they say—then they just come up to you, tell you to assume the position or whatever. Put your hands on the hood, check you ... talk bad to you for a lil' minute and then tell you to go on about your business.

Young men believed officers failed to consider that designated crime hot spots might also be places where law-abiding youths gather. Because pedestrian stops seemed arbitrary, they questioned whether the police were really concerned with addressing neighborhood crime or were merely interested in harassing them. Darnell commented, "Police over there by me, they stop you just to mess with you for real.... Sometimes they'll pull up and be like, 'get that damn crack out your mouth boy!' and keep going."

While they understood that certain contexts might subject them to increased suspicion, young men nonetheless found it *prejudicial*. They believed officers viewed them as criminals because they were young Black men living in poor

neighborhoods. Jamal commented, "[Police] feel that if you have fancy clothes or you have a lot [of] money, you selling drugs. They can't see a Black male these days having a good job. They always want to pull you over or search you.'

Young men were especially frustrated when stops occurred in situations they believed warranted no suspicion. Several described being stopped on their way to school. Eugene explained,

I was going to school one time and a cop just swerved, pulled up on me. I'm like, "Whoa, what's up?" He said I fit a description of some dude that robbed a store. So I'm like, "Robbed a store where?" He's like, "Way on the southside." I am like, "I'm on the northside so that don't got nothin' to do with me." And then they ... put my hands on the car, you know, frisked me, asked me did I have any weapons or narcotics. I was like, "No." He said, "Where you going?" I'm like, "I'm going to school" and stuff, you know. And then people across the street lookin'. They like, "Dang, why they stop you?" I'm like, "I don't know."

An additional frustration was officers' refusal to acknowledge young men's innocence, even when no evidence was found. Instead, they were described as expressing that young men merely "got lucky this time."

Finally, young men were critical of officers' routine use of *antagonistic language*, derogatory remarks, and racial epithets. Cooper commented, "They need to change the way they talk to people.... They show us no respect ... [call us] niggers and all that." Ricky concurred: "They'll talk bad, call you all types of punks and sissies, and say you don't wanna be nothing and you ain't gon' be nothing." Tony described whistling to a friend when a passing officer "told me, 'Shut up whistling, you Black monkey!'" Thus, young men's complaints about police harassment were not just about routinely being stopped and treated as suspects but were tied to their sense that officers refused to treat them with dignity and respect.

Young Women and the Police

Young women's descriptions of police harassment differed from young men's. Their most common complaint, particularly when alone or in the company of other girls, was being stopped for *curfew violations*. Katie explained:

On weekends we can be out 'til twelve, but long as you sittin' on your front or close by your house. But if you like outside our gate or in the street or something the police, they be like, If we ride past again then we're gonna lock you all up ... or whatever... We just sittin' outside the house there, I don't know why they always messin' with us.

Kristy observed, "Police be harassing you constantly. I mean, if they not trying to get you for truancy, [they] trying to get you for curfew." She described a recent encounter:

It was like eleven o'clock at night. I was getting off the Lake Street bus. I walked down the street, police put their high beams on me, they was

like, 'Where you going?' And I'm like, 'Man, I'm going home, leave me alone.' They was like, 'Don't talk to us like that, we the police, we deserve respect, we here to protect y'all.' [I'm] like, 'Man, y'all ain't doin' nuttin' but bothering me.'

Once Kristy challenged the officers, the situation escalated:

They was like, 'I heard you fit a description, assume the position.' Like hands on the wall, hands behind your head. I'm like, 'I ain't doin' nuttin'.' They like, 'You must want us to put your little black ass in jail.' ... [I was like], 'Just let me go home, that's all I'm trying to do, I got school in the morning.' ... They was like, 'Well fuck her, we got better things to do.' So they let me go. I walked home mad as a dog.

After Kristy challenged the police, they *treated her as a criminal suspect*. Up until that point, however, they appeared to be concerned that she was out past curfew. This differed from young men's accounts: They described being treated as suspects from the onset of their encounters with the police. In addition, whereas young men described being stopped throughout the day, young women described being stopped mostly at night. That they were stopped for curfew violations confirms research suggesting that the police intervene on girls for minor or status offenses. Despite the police's initially telling Kristy that they were "there to protect y' all," young women believed such stops had little to do with genuine concern about their well-being.

LaSondra, who had been sexually assaulted in her neighborhood, illustrates the tension for young women between concern over how the police treat people and the *desire for protection* from neighborhood dangers:

[The police] just pull people over for no reason at all. Sometimes they just check people, see if they got sonic drugs. It could be the innocent person on the block they just pull 'em over and just start checking 'em.... It's messed up. They'll yell at 'em too for no reason you know.... Sometimes the police, they just sit on the block and they just watch the block and stuff.... But over there you have to watch. Especially when you walking or something 'cause you never know who might be behind you.

Although the police came to the hospital after LaSondra's sexual assault, she felt they were not responsive. Asked why, she explained, "Police don't do nothing. Some of 'em just give up. They could care less."

In the survey, only four girls (vs. nine boys) described the police as responding quickly to calls for service. Several girls described calling the police when a woman was victimized but reported they did not come. Jamellah saw a woman robbed and beaten near her home and brought the victim in her house to call the police: "[They] ain't never come.... We waited like 30 minutes and they ain't never show. So I waited at the bus stop with her ... and she caught the bus home.' Rennesha's parents called the police after a neighboring child asked for

help because her stepfather was beating her mother. Rennesha explained, "The lil' girl looked so sorry. But the police never did come."

Complaints about police responsiveness emerged primarily in interviews with young women and centered on incidents of *violence against women*. This may be because such events are more likely to result in calls for service; thus, negative outcomes are more apparent. Or it may be that the police are less responsive to such calls because they do not fit neatly into the urban crime-fighting mission. Either way, the young women who were interviewed expected the police to come to the aid of crime victims, particularly women. Their frustration with the police in their neighborhoods stemmed both from negative interactions and from the lack of responsiveness toward crime victims. Jamelle surmised, "I feel the police are there to protect and serve you, not to harass you for no reason."

Young women reported being *treated as suspects* in two contexts: when they were in the company of young men and when they were involved in offending. Most often, they described being stopped while passengers in vehicles driven by young Black men. In the company of young men, girls became suspects as well. Youths believed that vehicle stops occurred under the guise of enforcing traffic laws, but their true purpose was to search for weapons and drugs. Felicia's example is illustrative:

We was coming from the riverfront and we went to Taco Bell to get something to eat, and [the police] had followed us ... and they pulled us over.... [The officer] was like, "Do you have any warrants? Is there any illegal substances or any drugs in the car?" and we was like, "No, not that we know of." He was like, "Well, can everybody step out of the car?" So we asked him, why did we need to step out the car? He said, "Don't worry about it, just get out of the car."... There was two male police officers. They searched everybody, even us girls.

When the search failed to produce contraband, Felicia said the officer issued a series of tickets for minor infractions, including not wearing their seatbelts, having windows that were "too tinted," and playing the radio too loud. Felicia noted, "Everything came out clear [the driver's] insurance, his registration, his license, no warrants so [the officer] got mad. He got to going off, he got to writing up tickets, just writing 'em up." She continued:

I felt they was wrong. In one sense they was wrong 'cause they searched us and we women. They should've called a female officer to search us if they felt that we needed to be searched. I felt there wasn't no need for everybody to get out of the car. Wasn't no need for him slamming they heads into the car. Wasn't no need for all that. The boy gave you everything you asked for. He didn't talk back, he didn't get loud, he wasn't disrespectful. You got mad 'cause all his stuff was legit so you feel like if you can't get him on nothing in his car then you can write tickets on whatever come into your mind and that's what he did.... [Even for] not using his blinker to pull over when he flagged 'im.

Although the surveys indicated that most of the young women stopped by the police were involved in serious delinquency, Destiny and Janelle provided the only accounts that connected police behaviors to their delinquency. Perhaps delinquent girls spend more time on the streets than other girls, and this presence accounts for their greater likelihood of being stopped. However, their descriptions suggest that they tend to be stopped for minor offenses like curfew and truancy rather than for their participation in crime.

Destiny's and Janelle's descriptions parallel those provided by young men. Although atypical for girls, such incidents were routine for young men, regardless of their criminal activities. For boys, simply being in public spaces was sufficient to warrant suspicion. In addition, through shifts in pronoun usage, Destiny distinguished between her treatment and that received by the young men: The police talked poorly to "us," but beat on and arrested "them." This also resonates with Felicia's complaints: She was upset about being searched by male officers but described the officers slamming the young men's heads into the car.

DISCUSSION

Research on race and policing is often inattentive to gender and rarely considers the perspectives of minority citizens. Feminist scholars insist, however, that minority standpoints are a vital aspect of sociological knowledge building and that discriminatory practices can best be understood by examining the cross cutting nature of gender and racial inequalities (Collins 1990). With these insights in mind, we described urban African American youths' accounts of their interactions with the police, comparing young women's and young men's experiences with and perceptions of policing in their neighborhoods. Our research offers compelling evidence that the aggressive policing strategies used in urban poor neighborhoods pose harms to their adolescent residents and that these harms are shaped by gender.

In keeping with previous research, we found that young men were the disproportionate recipients of aggressive policing tactics such as stops and searches. Youths characterized such incidents as harassment because of their intrusive and antagonistic nature. While both young men and young women said such incidents were routine in their neighborhoods, they also distinguished them as gendered. They believed young Black men were burdened by a presumption of guilt that served as justification for aggressive police behavior.

Girls' accounts most closely paralleled those of boys when they were in young men's company and thus tainted by the suspicion applied to young men. In addition, girls who reported participating in serious delinquency described being stopped by the police. Ironically, though, they were typically stopped for curfew or truancy violations rather than for their involvement in criminal offenses. There were also notable temporal differences across gender. Young women often described being stopped at night. Young men, however, were treated as "out of place" in public spaces, regardless of the time of day.

The presence of young Black men in neighborhoods seemed to symbolize criminal wrongdoing, while definitions of femininity deny young women access to public spaces after dark.

Finally, youths' experiences with police violence were deeply gendered as well. With few exceptions, young men faced more severe violence at the hands of the police, and youths were deeply troubled by the frequency of such incidents in their neighborhoods. Perhaps as a consequence, young women often challenged officers who they believed were conducting themselves improperly. Our findings suggest that young women may do so more than men because they believe such challenges will not be met with physical aggression. In fact, Mastrofski, Snipes, and Supina (1996, 276) argue that women may be "more likely to resist compliance ... in anticipation of greater police tolerance."

African American youths provide vital knowledge about how they experience policing in their neighborhoods and its effects on police/community relations. In addition, they reveal police practices as deeply gendered. Our study contributes to research on race, gender, and policing by offering further evidence of the differential harms experienced by African American girls and boys within the juvenile justice system—in this case, with a focus on events beyond the scope of formal intervention. Future research on discriminatory policing will benefit from more systematic attention to the intersections of race, place, and gender.

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Doctors' Autonomy and Power

JOHN LIEDERBACH

Doctors are another group with the social status and power to rise above the deviant acts they commit and maintain a prestigious reputation. Malfeasance and misconduct are rampant in the medical professions, as we constantly read in the newspaper, yet we are less likely to suspect doctors of wrongdoing, Liederbach suggests, due to their positive reputation and role as altruistic healers. They are, nonetheless, as subject to the temptations for fraud and abuse as any other individuals. Liederbach describes such common practices as fee splitting, self-referrals, prescription violations, unnecessary treatments, and sexual misconduct that have led insurers and health maintenance organizations (HMOs) to tighten up their scrutiny of the medical industry. Regulation by the government is less conscientious, it appears, and the presence of overpayment, fraud, and abuse of the Medicaid and Medicare systems are more widespread. Liederbach notes that occupational crimes such as these, where people engage in deviance for their own benefit, not that of their organizations, will occur wherever opportunities can be found. This chapter is especially relevant to today's political debates about universal health care, the precarious financial footing of Medicaid and Medicare, and the loss of governmental resources (for example, in Hurricane Katrina) due to lack of oversight, carelessness, and fraud.

What sources of social power are discussed in this chapter that give doctors the ability to refute their potential labeling as deviant?

Over time, health care has grown into a trillion dollar a year enterprise. The delivery of patient services involves not only physicians, but also large-scale insurance companies, government-financed benefit programs, and Health Maintenance Organizations (HMOs). Estimates of the cost of health-care fraud range from fifty to eighty billion dollars annually (Witkin, Friedman, and Doran 1992). In the Medicare program alone, some seventeen billion dollars a year is lost (Shogren 1995). The financial cost of medical crime has led one observer to characterize the situation as "white-collar wilding" (Witkin, Friedman, and Doran 1992).

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The consequences of medical crime are not merely financial. Unnecessary medical procedures, negligent care, prescription violations, and the sexual abuse of patients exact an enormous physical toll as well. Each year some 400,000 patients become victims of negligent mistakes or misdiagnoses. One Harvard researcher estimates that 180,000 patients die every year, due at least in part to negligent care ("Patients, Doctors, Lawyers" 1990). Up to two million patients are needlessly subjected to physical risks through unnecessary operations each year; the resulting price tag approaches four billion dollars (Jesilow, Pontell, and Geis 1993).

THE "PROTECTIVE CLOAK": STATUS, ALTRUISM, AND AUTONOMY

Physicians are recognized as a special group in society—a privileged caste able to decipher puzzling ailments and able to fix broken-down bodies. The privilege is hard won through years of education and exhaustive training. The physician's honored rank, however, sponsors opportunities for doctors to commit crimes within their profession. Attributes synonymous with medical practice, such as high social status, trustworthiness, and professional autonomy, have provided doctors with what some have termed a "protective cloak" that has shielded doctors from scrutiny and legal accountability (Jesilow, Pontell, and Geis 1993; Parsons 1951).

One element of the "cloak," high social status, has helped to afford doctors the protections necessary to commit medical crimes. Doctors' traditional high status derives from two related elements, namely, lucrative salaries and occupational prestige. Physicians remain one of the most highly compensated occupational groups, with median annual incomes exceeding \$120,000 (Ruffenach 1988). Aided by the prestige that typically accompanies high salaries in American culture, physicians have been able to retain an elite social position.

Historically, there has also been a general reluctance in American society to use the criminal law against high-status offenders, and criminologists have long recognized the important role that status plays in shaping the criminal opportunities afforded to professional groups. Professionals possess the financial and political wherewithal to influence the manner in which criminal statutes are written and enforced, and they are more apt to "escape arrest and conviction ... than those who lack such power" (Sutherland 1949). While scholars debate whether this reluctance stems from public apathy and/or ignorance concerning the costs connected to elite crimes (Cullen, Maakestad, and Cavender 1987; Evans, Cullen, and Dubeck 1993; Wilson 1975), the typically lenient sanctions currently imposed on doctors who pillage government benefit programs, provide negligent care, or otherwise physically abuse their patients points to a historical reluctance to treat as criminal even the most egregious forms of physician malfeasance (Jesilow, Pontell, and Geis 1993; Rosoff Pontell, and Tillman 1998; Tillman and Pontell 1992; Wolfe et al. 1998).

A second protective element is the altruistic and trustworthy image projected by doctors. This image is cemented in the physician's code of ethics. The oath serves to define doctors as selfless professionals who perform an invaluable service without regard to personal financial gain (Jesilow, Pontell, and Geis 1993). The image structures criminal opportunities in several ways: the image creates an assumption of good will on the part of doctors that makes charges of intentional wrongdoing difficult to justify. Prosecutors may find it too challenging to prove intentionally fraudulent or harmful behavior in cases against highly respected and trusted doctors. Also, the physician's altruistic image has traditionally engendered a certain level of trust from patients (McKinlay and Stoeckle 1988; Stoeckle 1989). Trusting patients who are victims of fraudulent medical schemes or negligent care may fail to hold doctors accountable for their crimes. One observer has defined the impact of these factors more generally as a "pattern of deference" to doctors—a prevailing unwillingness to question their presumed trustworthiness (Bucy 1989).

Third, doctors have been relatively immune from legal scrutiny because of the medical professions' historical preference for self-regulation. State medical review boards, whose members are predominantly physicians themselves, are supposed to provide a "first line of defense" against doctors who violate legal or ethical codes (Wolfe et al. 1998). These boards can revoke medical licenses or otherwise discipline doctors who fail to meet professional or legal standards. Doctors argue that self-regulation and autonomy characterize any profession—that is, doctors alone possess the specialized expertise and unique qualifications to judge the actions of other physicians. The medical community regards the imposition of civil and/or criminal penalties as both unwarranted and unnecessary, especially in cases that involve errors in clinical judgment (Abramovsky 1995). The profession's reliance on self-regulation, however, may facilitate criminal opportunities by shielding its members from more effective punishments. State medical boards, for example, have continually failed to identify doctors who are chronically incompetent, and often punish them with "slaps on the wrist" (Wolfe et al. 1998). The case of one New York doctor illustrates the dangers of relying solely on professional controls:

During the mid-1980s [Dr. Benjamin] was investigated by the Department of Health in connection with numerous medical irregularities. In 1986, after a medical review board convicted him on 38 counts of gross negligence and incompetence, the New York State Health Commissioner asked the Board to revoke his license.... The doctor's punishment was reduced, to a three-month suspension and three years' probation. In June 1993 ... the Department revoked Dr. Benjamin's license for five botched abortions performed in one year. However, Dr. Benjamin was allowed to continue performing abortions pending appeal. Less than a month later (patient) Gaudalupe Negron met her death from another of Dr. Benjamin's botched procedures. (Abramovsky 1995)

The lax enforcement typically provided by state medical boards has created an inviting opportunity structure for doctors to commit fraud and abuse within

their profession. The problems related to professional control are exacerbated by the well-documented "code of silence" that exists among medical professionals (Rosoff, Pontell, and Tillman 1998). Doctors are often hesitant to report fraud and abuse for fear of professional recriminations (Karlin 1995; Levy 1995). Still, some in the medical community recognize the extent of the problem: "The profession has done a lousy job of policing its own," acknowledges Arthur Caplan, chairman of the Center for Bioethics at the University of Pennsylvania (Grey 1995).

SELECTED MEDICAL OFFENSES

Medical "Kickbacks": Fee Splitting and Self-Referrals

"Kickbacks" are generally defined as payments from one party to another in exchange for referred business or other income-producing deals. Their acceptance by doctors is considered unethical, and in most cases illegal, because they create a conflict of interest between the physicians' commitment to quality patient care and their own financial self-interest. Doctors who are primarily concerned with financial gain compromise their loyalty to patients, as well as their independent professional judgment. Two well-recognized types of medical kickbacks include fee splitting and self-referrals.

Fee splitting occurs when one physician (usually a general practitioner) receives payment from a surgeon or other specialists in exchange for patient referrals. Fee splitting artificially inflates medical costs, provides incentives for unnecessary tests and specialized treatment, and can also endanger the quality of patient care (Stevens 1971). As Sutherland (1949) explained, the fee-splitting doctor "tends to send his patients to the surgeon who will split the largest fee rather than to the surgeon who will do the best work." Early observers regarded fee splitting as an "almost universal" practice, and estimated that 50 to 90% of physicians split fees (MacEachern 1948; Williams 1948). Despite the advent of more secure payment sources provided by the spread of health insurance coverage in the post-World War II years, congressional investigations in the 1970s continued to recognize fee splitting as a problem (Rodwin 1992; U.S. Congress 1976). While it remains difficult to determine whether the prevalence of fee splitting has increased or decreased over time, it clearly has persisted (Rodwin 1992).

Alternatives to fee splitting have developed more recently, including self-referrals. Self-referrals involve sending patients to specialized medical facilities in which the physician has a financial interest. Between 50,000 and 75,000 doctors have a financial stake in ancillary medical services (quoted in Rosoff, Pontell, and Tillman 1998). Recent research identifies the problems associated with self-referrals, including higher utilization costs and unnecessary services (Hillman et al. 1990; Mitchell and Scott 1992; Rodwin 1992). Self-referring doctors refer patients for laboratory testing at a 45% higher rate than noninvesting physicians (U.S. Department of Health and Human Services 1989). Physicians' utilization of clinical laboratories, diagnostic imaging centers, and rehabilitation facilities was found to be significantly higher when physicians owned these facilities (Hillman et al. 1990).

The medical profession's traditional response to financial conflicts of interest has been less than overwhelming. While most states had declared fee splitting illegal by the mid-1950s, the medical profession did not explicitly address financial conflicts in ethical codes until the 1980s (Rodwin 1992). One newspaper characterized the profession's response with embarrassing clarity: "Fee splitting has been like a venereal disease ... it exist(s), but nice people do not talk about it" (quoted in Rodwin 1992). The legal and professional response to self-referrals has been more ambivalent. Despite recent legislative attempts to prohibit self-referrals, the practice remains legal. Likewise, professional standards have not been effective in curtailing abuses:

Unlike other professionals who are subject to extensive conflict of interest regulation ... physicians have addressed these issues largely on their own, and have been subject to minimal regulation by state and federal laws or even professional codes ... The American Medical Association addresses these issues primarily by relying on professional norms, individual discretion and subjective standards ... (the profession) lacks an effective means to hold physicians accountable. (Rodwin 1992, 734)

Prescription Violations

Only doctors possess the education and specialized expertise required to safely prescribe dangerous and often addictive drugs, including narcotics, amphetamines, tranquilizers, and other controlled substances. The privilege is entrusted with the legal responsibility to limit access to these drugs on the basis of medical need. While the vast majority of physicians uphold these responsibilities, an alarming number of doctors violate this trust. Between 1988 and 1996, 1,521 doctors were disciplined for misprescribing or overprescribing drugs (Wolfe et al. 1998). Numerous doctors were caught selling blank prescriptions to known addicts. One physician dispensed expired drugs from old, unlabeled spice jars. Another doctor prescribed dangerous weight loss pills to a patient for four years without even examining her—eventually resulting in the patient having a stroke (Wolfe et al. 1998). Some prescription violations are coupled with fraudulent billing schemes designed to maximize profits from illegal prescriptions. Jesilow, Pontell, and Geis (1993) relate one of the most appalling cases:

In Los Angeles, one investigator reported a Medicaid doctor who saw so many patients daily that red, blue, and yellow lines had been painted on his office floor to expedite traffic. Each color represented a different kind of pill. (22)

Similar to the case of medical kickbacks, the medical profession has also largely failed to adequately discipline doctors who violate prescription laws. At least 69% of the doctors cited between 1988 and 1996 were not even temporarily suspended from practicing medicine (Wolfe et al. 1998).

Unnecessary Treatments

Doctors who intentionally subject patients to medically unnecessary treatments violate the law in two ways. First, unnecessary treatments are fraudulent because they result in compensation that is deceptively gained. More important, unnecessary procedures that are invasive, such as surgery, may be considered a form of assault because they needlessly expose patients to physical risks (Lanza-Kaduce 1980). The highly publicized case of one California ophthalmologist dearly illustrates how unnecessary treatments can result in serious physical harm to patients. The doctor performed unneeded cataract surgery on patients solely to collect a \$584 operation fee. In the process, the doctor admitted needlessly "blinding a lot of people" (Pontell, Geis, and Jesilow 1984).

Determining the prevalence of "unnecessary" treatments is often difficult given the inherent uncertainties involved in diagnosing and treating patients. Green (1997) has outlined several methods used by researchers to estimate the extent of unnecessary surgeries: (1) geographical variations in surgical rates, (2) studies of second surgical opinions, (3) variations in surgical rates between payment plans, and (4) expert opinions based on predetermined criteria. Although these studies present mixed findings, wide geographical variations in surgical rates can be used to suggest that unnecessary surgeries occur with some frequency. For example, hysterectomies are performed at an 80% higher rate in Southern states, and 1,000% rate variations in pacemaker operations have been identified in Massachusetts (quoted in Green 1997). Similarly, one government-sponsored study found a 120% higher surgical rate for patients enrolled in fee-for-service plans versus patients enrolled in HMOs (U.S. Department of Health, Education, and Welfare 1971).

Sexual Misconduct

Sexual misconduct by doctors can take a variety of forms (Jacobs 1994). Doctors may engage in sexual misconduct in exchange for professional services. Alternatively, doctors may allow relationships with patients to escalate beyond what is ethically acceptable. Finally, doctors may sexually assault patients while they are under the control of anesthesia or otherwise incapable of consenting to a sexual act (Green 1997). These offenses are especially abhorrent, because they represent an abuse of power by the doctor in situations where the patient is particularly vulnerable. From 1987 to 1996, 393 doctors were disciplined by state medical boards for sexual misconduct with patients. At least 34% of those doctors were not forced to even temporarily stop practicing (Wolfe et al. 1998).

MEDICAID FRAUD AND ABUSE

Medicaid began in 1965 as one of the "Great Society" programs initiated during the Lyndon B. Johnson administration. The program extended health coverage to needy Americans who could not otherwise afford it. Perhaps overshadowed by the nobility of this goal, the program's costs were not considered a primary

